# NEW JERSEY DEPARTMENT OF TRANSPORTATION BUREAU OF RESEARCH

### **Request for Time Extension**

Project Name:				
Principal Investigator:				
NJDOT Project Number:		Task Order Numbe	r:	
University:		Cente	r:	
Date of Request:		Contact Phone Number	r:	
Person Submitting Request:				
Justification Statement:				
Original Contract Com	pletion Date:			
Requested Modified Com				
Ori	ginal Budget:			
Amount Expe	nded to Date:			
Percentage of the Task	s Completed:			
Concurrence & Approval:				
Center/Department Concurrence:			Date:	
Univ. Grant Accounting Concurrence:			Date:	
ORSP Concurrence:			Date:	
NJDOT Research Project Manager:			Date:	
Manager, Bureau of Research:			Date:	
Director, Statewide Planning:			Date:	

# NEW JERSEY DEPARTMENT OF TRANSPORTATION BUREAU OF RESEARCH

### **Request for Budget Modification**

Project Name:			
Principal Investigator:			
NJDOT Project Number:	Task Order Number:		
University:	Center:		
Date of Request:	Contact Phone Number:		
Person Submitting Request:			
Justification Statement:			
Concurrence & Approval:			
Center/Department Concurrence:	Date:		
Univ. Grant Accounting Concurrence:	Date:		
ORSP Concurrence:	Date:		
NJDOT Research Project Manager:	Date:		
Manager, Bureau of Research:	Date:		
Director, Statewide Planning:	Date:		

## NEW JERSEY DEPARTMENT OF TRANSPORTATION BUREAU OF RESEARCH

### **Request for Budget Modification by Task**

### **Project Name:**

Task Number and Description	Current Approved Budget	Requested Change	Revised Budget
TOTAL			

University Cost Share Rate is XX% of MTDC, or \$XX,XXX for this requested budget modification.

## NEW JERSEY DEPARTMENT OF TRANSPORTATION BUREAU OF RESEARCH

#### **Request for Budget Modification by Budget Line Item**

#### **Project Name:**

<b>Budget Items</b>	Current Approved Budget	Requested Change	Revised Budget			
A. Salary and Wages						
1. Faculty (Summer)						
2. Release Time						
3. Graduate Student						
4. Hourly Staff						
5. Staff Support						
Subtotal:						
B. Fringe Benefits (% FY XX)						
A1 - X.X%						
A2 - XX.X%						
A3 - X.X%						
A4 - X.X%						
A5 - XX.X%						
Subtotal:						
C. Direct Costs						
Tuition						
Supplies						
Travel						
Subtotal:						
D. Other Direct Costs:						
Equipment						
Consultants (<=\$25K)						
Consultants (>\$25K)						
Subcontract Total						
Subtotal:						
E. Modified Total Direct Cost*						
Subtotal:						
F. Overhead/Indirect Costs (XX% of MTDC)**						
Subtotal:						
TOTAL COST:						

<sup>\*</sup> Modified Total Direct Cost includes all costs except equipment (>\$5,000), major subcontracts (>\$25,000), and tuition.

<sup>\*\*</sup> University Cost Share Rate is XX% of MTDC, or \$XX,XXX for this requested budget modification.